

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION		Charge Presented To:		Agency(ies) Charge No(s):	
This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		<input type="checkbox"/> FEPA		AMENDED	
		<input checked="" type="checkbox"/> EEOC		532-2015-00360	
Ohio Civil Rights Commission and EEOC					
State or local Agency, if any					
Name (Indicate Mr., Ms., Mrs.)		Home Phone (Incl. Area Code)		Date of Birth	
Ms. Kathryn Fortunate		(216) 249-7228		[REDACTED]	
Street Address		City, State and ZIP Code			
15620 Holliday Avenue, Cleveland, OH 44110					
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)					
Name		No. Employees, Members		Phone No. (Include Area Code)	
UNIVERSITY HOSPITALS HEALTH SYSTEM		500 or More		(216) 844-3144	
Street Address		City, State and ZIP Code			
11100 Euclid Ave, Cleveland, OH 44106					
Name		No. Employees, Members		Phone No. (Include Area Code)	
Street Address		City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).)				DATE(S) DISCRIMINATION TOOK PLACE	
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN				Earliest Latest	
<input type="checkbox"/> RETALIATION <input checked="" type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION				10-29-2014 10-29-2014	
<input type="checkbox"/> OTHER (Specify)				<input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):					
In March of 2003 I was hired by the Respondent as a Secretary. On October 29, 2014 I was discharged. I have a disability.					
I believe that Deb Conti (Supervisor) discriminated against me when I asked to perform duties that I had not been trained on. Due to my disability I was not performing at an acceptable level. I was placed on a PIP in 2013. In October of 2014 I advised my supervisor that I had a disability.					
I believe that I was discharged due to my disability in violation of Title I of the Americans with Disabilities Act of 1990 as amended ADA. I believe that I was discriminated against because of my age (67) in violation of the Age Discrimination in Employment Act of 1967 as amended.					

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
2-9-15 <i>Kathryn Fortunate</i>		SIGNATURE OF COMPLAINANT	
Date Charging Party Signature		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	

